



Wisconsin Medicaid Fact Sheet

Presumptive Eligibility for Pregnant Women

What is Presumptive Eligibility for Pregnant Women?

Presumptive Eligibility for Pregnant Women is a Medicaid eligibility subprogram that may allow an uninsured pregnant woman to receive immediate pregnancy-related outpatient services while her eligibility for Wisconsin Medicaid is being determined.

Are you eligible?

To be eligible for Presumptive Eligibility for Pregnant Women, you must meet the following criteria:

- Your pregnancy must be medically verified by a pregnancy test.
- Your family's gross income cannot exceed 185% of the federal poverty level.

Medicaid presumptive eligibility determinations are made based on your pregnancy and income eligibility only; there is no asset test for presumptive eligibility.

When does Presumptive Eligibility for Pregnant Women begin?

Pregnancy-related outpatient services can begin on the day a "qualified provider" (certified Medicaid provider) determines whether you meet the criteria based on the information you provided on the Presumptive Eligibility for Pregnant Women application.

How long are you eligible for Presumptive Eligibility for Pregnant Women?

Presumptive Eligibility for Pregnant Women is "temporary" eligibility for pregnancy-related outpatient services only. The period of presumptive eligibility coverage ends on the earliest of *either*:

- The day on which you are determined eligible for Medicaid by your county or tribal certifying agency.
- The end of the calendar month following the month in which you are determined eligible by a qualified provider, if you do not apply for Medicaid or you are determined not to be eligible for Medicaid.

Who can help determine Presumptive Eligibility for Pregnant Women?

A "qualified provider" can help determine if you are eligible for Presumptive Eligibility for Pregnant Women. Your physician or health care provider may be a "qualified provider." You should first call your physician or health care provider and ask if he or she can sign you up for presumptive eligibility. If your physician or health care provider is not a "qualified provider," it is easy to find one. Recipient Services at 1-800-362-3002 can provide you with a list of certified providers in the area in which you live. Qualified providers include:

- Outpatient hospitals
- Rural health clinics
- Family planning clinics
- Federally qualified health centers
- Community health centers
- Physicians
- Nurse practitioners
- WIC providers
- Other clinics that provide prenatal care

What if your physician or health care provider is not a qualified provider and you do not want to change physicians or health care providers?

If your physician is not a qualified provider and you do not want to change physicians, you should contact the county/tribal human or social services department, W-2 agency or Medicaid outstation site in your county to help you apply for presumptive eligibility.

How does the qualified provider help determine presumptive eligibility?

The qualified provider determines if your family income is within the limits set by Medicaid. The qualified provider will ask you questions like:

- How much money is earned monthly in your family before any deductions are taken? (Your spouse's income will need to be included, or if you are a never-married minor, living with your parents, your parents' income will be included.)
- Does anyone in your family have any unearned income, (examples include, but are not limited to, Veterans Benefits, Social Security Administration (SSA), and unemployment compensation).

You will need to provide the most accurate income information possible to the qualified provider. If you are found eligible, the qualified provider will refer you to the county/tribal social or human services department, W-2 agency, or Medicaid outstation site in your county to apply for Medicaid.

Can a qualified provider accept a positive pregnancy test from a non-qualified provider?

Yes, a written verification may be provided by a:

- Physician
- Physician's assistant
- Licensed nurse practitioner
- Registered nurse working in a Healthy Birth Early Identification of Pregnancy project (EIDP)
- Registered nurse working in a publicly-funded family planning project
- Certified nurse mid-wife

Why is it important to apply for Medicaid?

It is important that you apply for Medicaid, because Presumptive Eligibility for Pregnant Women only lasts until the end of the month after the month you become eligible for it or you were certified for it. Presumptive Eligibility for Pregnant Women does not pay for inpatient hospital costs for labor and delivery.

What services are covered under Presumptive Eligibility for Pregnant Women?

Presumptive Eligibility for Pregnant Women will pay for outpatient, pregnancy-related services, including:

- Doctor visits
- Immunizations
- Prescription drugs
- Lab and x-ray services
- Prenatal care coordination
- Dental services

What services are not covered?

Presumptive Eligibility for Pregnant Women will not pay for inpatient hospital services, such as labor and delivery.

Will your pregnancy-related services that have already been received be covered?

Medicaid may pay for your pregnancy-related services, including a positive pregnancy test, which you received up to three months before you were found eligible for presumptive eligibility. When you apply for full benefit Medicaid you should ask your worker to determine if you qualify for "retroactive eligibility". If you do, your worker may be able to backdate your Medicaid eligibility.

How do you receive services for Presumptive Eligibility for Pregnant Women?

When you first apply for Presumptive Eligibility for Pregnant Women, the qualified provider will give you a beige "temporary" paper ID card to show that you have applied for Medicaid. This card should be used to get immediate outpatient services that are covered under presumptive eligibility. Within a short period of time you will receive a plastic "Forward" card to use for presumptive eligibility services. The plastic "Forward" card should be used once it is received, instead of the beige paper card. If you are only eligible for Presumptive Eligibility for Pregnant Women the Forward card will be deactivated once your presumptive eligibility time period ends. Remember the Forward card should be kept for future use, in case you are found eligible for Medicaid later.

If your application for Medicaid is approved you will continue to use the same “Forward” card for all covered services, including inpatient hospital labor and delivery.

What if you find out that you are not pregnant?

If you have a pregnancy test and the test is negative, you will not qualify for presumptive eligibility and your pregnancy test will not be paid for by presumptive eligibility for Pregnant Women. However, if you have children under age 19, you should still contact the county/tribal human or social services department, W-2 agency or outstation site in your county to see if you may be eligible for Medicaid.

For More Information Contact:

- Recipient Services at 1-800-362-3002 (TTY and translation services are available).
- The county/tribal social or human services department, W-2 agency or Medicaid outstation site in your county.

Information provided in this document is general. To find out more detailed information regarding Presumptive Eligibility for Pregnant Women, please contact your local county/tribal social or human services department.

DHFS is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact 1-608-266-3356 (voice) or 1-608-266-2555 (TTY). All translation services are free of charge.

For civil rights questions call 1-608-266-3465 (voice) or 1-608-266-2555 (TTY).

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